

From: Brad Nelson
To: Steve Woodley - SSWOODL; 'kmmatka.s05625@stores.us.wal-mart.com'
CC: Christine Sinnott
Sent: 10/6/2016 11:16:01 AM
Subject: RE: Pain Clinic prescribing concerns

See my response below. Comments are in Blue

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From: Steve Woodley - SSWOODL
Sent: Wednesday, October 05, 2016 7:15 AM
To: Brad Nelson
Cc: Christine Sinnott
Subject: Fwd: Pain Clinic prescribing concerns

Good morning Brad
Can you assist me on answering Kevin's concerns?

Thanks.

Steve Woodley
651-666-9976

Begin forwarded message:

From: Kevin Matkaiti - KMMATKA.s05625 <kmmatka.s05625.us@wal-mart.com>
Date: October 4, 2016 at 8:41:31 PM CDT
To: Steve Woodley - SSWOODL <Steve.Woodley@walmart.com>
Cc: Vincent Murphy <Vincent.Murphy@walmart.com>
Subject: Pain Clinic prescribing concerns

Steve,

I've had two interesting conversations with prescribers in the last 2 days and I wanted to get

PLAINTIFFS TRIAL
EXHIBIT

P-26737_00001

Dr. #1 Sharon Johnson

I called her because I had a patient dropping of a prescription for percocet 10/325 #120 and oxycodone 15mg #120. When I reviewed the PMP, I see that he hasn't filled any narcotics in the last year other than 1 rx for 10/325 last month. I was curious to know why he was getting such high doses of narcotics with zero history of use so I went ahead and spoke with the Dr. She said that he was getting high doses of pain meds from Dr. Poluhkin (Dr. with history of questionable prescribing as well) 1.5-2 years ago which is why she is prescribing this. This is by no means an acceptable response to me, and makes me question any prescription she may prescribe. If a patient is opioid free for that long, she should not be jumping right back in and prescribing high doses like this.

Dr. #2 Mary J. Stahl

Similar situation as above. Pt was given rx for oxycodone 5mg#120, but had no history of opioid use based on the PMP. I called and spoke to the Dr. to establish patient pain management background. She told me that the patient doesn't have any history, but told her that she's been taking other peoples medication. Again, this is absolutely not a reason to prescribe an opioid medication to a patient, and is careless prescribing in my opinion.

I never really liked the idea of blanket refusals on certain doctors, because they may actually have patients that need pain medication. However, when I call and get answers like these, it put's into question the doctors competency. I'm not sure I feel comfortable filling any prescription written by a doctor who thinks it's ok to prescribe this way. Pharmacists have an obligation to ensure that controlled substances are being used and prescribed appropriately. The countries prescription drug abuse problem is well documented and it's prescribers like these that are at the heart of the problem. We need to have a better system in place to protect us as pharmacists and Wal-Mart as a company from liability associated with this type of prescribing. I don't think "pharmacist discretion" is enough to protect us. An example would be a standardized form that the Doctor needs to fill out and fax back to us when we have concerns about how they're prescribing medications. It could include pain management history, alternative medications used, surgeries attempted, acknowledgement of risks associated with opioid/benzodiazepine/carisopridol combinations, reasoning for doses over 120mg morphine equivalent per day and plan in place to get below this number, etc.

Questions for you/compliance.

1. Is it ok to blanket refuse for a doctor who we have documented evidence of competency/ethical concerns? AT this time there is not an option to blanket refuse any prescriber. Each Prescription needs to be evaluated on its own merits. I would agree this Kevin's decision to not fill these two prescriptions.
2. Can more be done to protect us as pharmacists and Walmart as a company from liability associated with prescriptions written by negligent prescribers? Not sure I understand what liability Kevin is talking about, however evaluating the red flags associated with the prescription is the best way to eliminate filling prescriptions that are not written for legitimate medical purposes.
3. Can I create my own standardized form to send to the doctor to better protect myself and my staff from liability? I'd rather have a corporate form, but I will make my own if needed. purposes. The Pharmacy must follow POM 1703 and 1311 , no store level forms can be created. Documentation of refusal to fills must be created in archer according to the Policy and procedures for exercising professional judgment. See best practices below

Pharmacists are granted the ability to exercise their professional judgment and choose to refuse to fill any prescription if they feel the prescription was written for other than a legitimate medical purpose. You and your staff are encouraged to review POMs 203,1311,1316,1317,1319 and 1703. Even after the Pharmacist established that there is a Dr./Patient relationship, the Pharmacist is still allowed to refuse to fill a prescription on an individual prescription basis, no blanket refusals are allowed by the Boards of Pharmacy. Key points:

- When any of the pharmacists on your team decides to not fill a prescription, then the requirements of POM 1703 apply and a refusal to fill or fraudulent activity webform **is required** to be submitted for each refusal.
- Once a pharmacist submits the refusal to fill or fraudulent activity webform, the information is then sent to the practice compliance team.
- If a pharmacist dispenses a prescription and subsequently learns (i.e. from law enforcement, a prescriber, another pharmacy or other sources) that the prescription was forged or altered, the pharmacist **is still required** to fill out the refusal to fill or fraudulent activity webform and follow the steps outlined in POM 1703.
- The documentation of these refusals is to provide details of the incident for the purposes of supporting the Pharmacists in their decision should any complaint be filed by a prescriber or patient with the Medical Board or Board of Pharmacy.

Unfortunately there are many prescribers that write for large quantities of controlled substances, however, this does not mean that you as a professional are required to fill these prescriptions. We encourage and support each Pharmacist in exercising his/her professional judgment, we simply ask that you follow the policies and procedures outlined in the Pharmacy operations manual to protect you and the company from false claims of discrimination from the Prescriber or the patient. We appreciate your concerns and understand the impact to your practice.

If you have any questions or concerns please feel free to contact the Health and Wellness Market Director.

I've spoken with many of my colleagues who have similar concerns.

Thanks,

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